 *Instructions:* Please refer to the accident checklist for step by step instructions on how to handle and injury/illness on a job site. **Please fill this form out in its entirety. There is information on this form that I cannot get elsewhere for the OSHA Log requirements.** Thank you for your assistance.

**Supervisor’s Accident Report**

|  |  |  |  |
| --- | --- | --- | --- |
| Location where accident occurred: (ie dock or stage etc)  Was injury promptly reported? | Venue:  Load in date:  Load out date: | | Date of accident: |
| Time of accident: am  pm |
| Who was injured? | Was first aid provided?  By whom?  Phone # | | Time shift began:  Time shift was to end: |
| What was employee doing when injury/illness occurred? | | | |
| How did injury occur? (Please be as specific as possible) | | | |
| Why did it happen? | | | |
|  | | | |
| Part of body affected/injured:  Any prior physical conditions? | | What equipment was involved and/or damaged? | |
| Nature and extent of injuries: (Please be as specific as possible) | | | |

PLEASE INDICATE ALL OF THE FOLLOWING WHICH CONTRIBUTED TO THE INJURY OR ILLNESS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| \_\_\_ Failure to lockout  \_\_\_ Failure to secure  \_\_\_ Horseplay  \_\_\_ Improper dress  \_\_\_ Improper guarding  \_\_\_ Improper instruction | | \_\_\_ Improper maintenance  \_\_\_ Improper protective equipment  \_\_\_ Inoperative safety device  \_\_\_ Lack of training or skill  \_\_\_ Operating without authority  \_\_\_ Physical or mental impairment | | \_\_\_ Poor Housekeeping  \_\_\_ Poor Ventilation  \_\_\_ Unsafe arrangement or process  \_\_\_ Unsafe equipment  \_\_\_ Unsafe Position  \_\_\_ Other | |
| What should be done to ensure this type of accident does not recur: | | | | | |
| Supervisors Name | Supervisors Signature | | Phone # | | Date |

ONCE FORM IS COMPLETED FAX TO: (801)328-1307 or E-MAIL: julie@utpgroup.com